AMER LUTHERAN HOME MENOMONIE

915 ELM AVE

MENOMONIE 54751 Phone: (715) 235-9041	-	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	46	Average Daily Census:	47

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	*	Less Than 1 Year	41.3
Supp. Home Care-Personal Care	No					1 - 4 Years	41.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.2	More Than 4 Years	17.4
Day Services	No	Mental Illness (Org./Psy)	30.4	65 - 74	13.0		
Respite Care	No	Mental Illness (Other)	2.2	75 - 84	37.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	28.3	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	19.6	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.2			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	8.7		100.0	(12/31/04)	
Other Meals	Yes	Cardiovascular	13.0	65 & Over	97.8		
Transportation	No	Cerebrovascular	4.3			RNs	20.0
Referral Service	No	Diabetes	2.2	Gender	용	LPNs	3.9
Other Services	No	Respiratory	8.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	28.3	Male	30.4	Aides, & Orderlies	47.8
Mentally Ill	No			Female	69.6		
Provide Day Programming for	ĺ		100.0	İ			
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	~~~~	Per Diem (\$)	No.	용	Per Diem (\$)	No.	왕	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	3.3	158	0	0.0	0	 1	10.0	173	0	0.0	0	0	0.0	0	2	4.3
Skilled Care	4	100.0	315	22	73.3	134	0	0.0	0	9	90.0	152	0	0.0	0	2	100.0	147	37	80.4
Intermediate				7	23.3	110	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	15.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		30	100.0		0	0.0		10	100.0		0	0.0		2	100.0		46	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	7.2	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.2		91.3	6.5	46
Other Nursing Homes	2.4	Dressing	23.9		69.6	6.5	46
Acute Care Hospitals	77.1	Transferring	56.5		34.8	8.7	46
Psych. HospMR/DD Facilities	0.0	Toilet Use	34.8		54.3	10.9	46
Rehabilitation Hospitals	0.0	Eating	73.9		21.7	4.3	46
Other Locations	13.3	*******	******	*****	*****	******	*****
Total Number of Admissions	83	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.5	Receiving Resp	iratory Care	6.5
Private Home/No Home Health	20.7	Occ/Freq. Incontiner	nt of Bladder	76.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	24.4	Occ/Freq. Incontiner	nt of Bowel	32.6	Receiving Suct	ioning	2.2
Other Nursing Homes	2.4	İ			Receiving Osto	my Care	4.3
Acute Care Hospitals	7.3	Mobility			Receiving Tube	Feeding	4.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	19.6	Receiving Mech	anically Altered Diets	37.0
Rehabilitation Hospitals	0.0	į					
Other Locations	19.5	Skin Care			Other Resident C	haracteristics	
Deaths	25.6	With Pressure Sores		6.5	Have Advance D	irectives	80.4
Total Number of Discharges		With Rashes		10.9	Medications		
(Including Deaths)	82	İ			Receiving Psyc	hoactive Drugs	43.5

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Ownership: This Nonprofit			Size:	Lic	ensure:		
	This				-99	Ski	lled	Al	1
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.0	87.4	1.08	85.5	1.10	85.9	1.09	88.8	1.06
Current Residents from In-County	97.8	76.6	1.28	71.5	1.37	75.1	1.30	77.4	1.26
Admissions from In-County, Still Residing	21.7	21.5	1.01	20.7	1.05	20.5	1.06	19.4	1.12
Admissions/Average Daily Census	176.6	125.9	1.40	125.2	1.41	132.0	1.34	146.5	1.21
Discharges/Average Daily Census	174.5	124.5	1.40	123.1	1.42	131.4	1.33	148.0	1.18
Discharges To Private Residence/Average Daily Census	78.7	51.0	1.54	55.7	1.41	61.0	1.29	66.9	1.18
Residents Receiving Skilled Care	84.8	95.2	0.89	95.8	0.89	95.8	0.88	89.9	0.94
Residents Aged 65 and Older	97.8	96.2	1.02	93.1	1.05	93.2	1.05	87.9	1.11
Title 19 (Medicaid) Funded Residents	65.2	69.6	0.94	69.1	0.94	70.0	0.93	66.1	0.99
Private Pay Funded Residents	21.7	21.4	1.01	20.2	1.08	18.5	1.18	20.6	1.06
Developmentally Disabled Residents	0.0	0.4	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	32.6	40.3	0.81	38.6	0.85	36.6	0.89	33.6	0.97
General Medical Service Residents	28.3	17.9	1.58	18.9	1.49	19.7	1.43	21.1	1.34
Impaired ADL (Mean)	34.8	47.6	0.73	46.2	0.75	47.6	0.73	49.4	0.70
Psychological Problems	43.5	57.1	0.76	59.0	0.74	57.1	0.76	57.7	0.75
Nursing Care Required (Mean)	9.0	7.3	1.23	7.0	1.29	7.3	1.23	7.4	1.21